ENTRY BLANK	
PLEASE TYPE OR PRINT Entered pr	evious May Show
□ Mc	es 🗆 no
Mr. Artist James D. Remingto	n
	(Last Name Last)
Permanent 5560 State Rd. Rt I W	adsworth
Street	City
44281 Tel. (216) 23925	30
Zip Area Code	
Temporary or Studio Address Same	
Street	City
Tel. ()	
Zip Area Code	
If you do not presently live in one of the cou Western Reserve, which county were you bo	
Collaborator	
(If Any)	,
If May Show entries are not accepted or not sold: Artist will pick up at Museum.	
Museum should dispose of.	
Museum should ship to artist C.O.D. at this address:	
Special Instructions	
When necessary include below instructions of how the object is to be assembled and displa	
now the object is to be assembled and displayed.	
	since I Having at
This entry blank must be fully made out and entry blanks will not be accepted.	signed. Unsigned
Note carefully calendar for delivery and retu understood that the Museum will have the rig	
its own account any objects not called for by	
It is also understood that accepted objects we exhibition until June 7, 1981.	ill remain on
The submission of objects will be construed as acceptance of	
all conditions printed in the entry information.	
Signature	

Signature .

,
-
)